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*** ***	NRD
NORTHAMPTON RECREATION DEPARTMENT	i i

Participant's Name: _____ (one child per form)

Northampton Parks & Recreation Department – Summer Camp Enrollment Form

	Please check one:	
Resident	Non-Resident	

SAFETY VILLAGE (Non-residents add \$10 per session)

Α	7/01 - 7/12	\$150 (no camp 7/4)
В	7/15 - 7/26	\$165
С	7/29 - 8/09	\$165
	**Child nee	ds to be toilet trained*

TEEN EXPEDITIONS (Non-residents add \$10 per session)

1	6/24 - 6/28	\$205
2	7/01 - 7/05	\$185 (no camp 7/4)
3	7/08 - 7/12	\$205
4	7/15 - 7/19	\$205
5	7/22 - 7/26	\$205
6	7/29 - 8/02	\$205
7	8/05 - 8/09	\$205

NO CAMP ON: JULY 4th

<u>Extended Day</u>: 45 minutes of extended supervision prior to and/or after regular program hours is available for Camp Kidzone and Camp Hamp for an additional fee.

CAMP KIDZONE (Non-residents add \$10 per session)

1 2 3 4 5 6	6/24 - 6/28 7/01 - 7/05 7/08 - 7/12 7/15 - 7/19 7/22 - 7/26 7/29 - 8/02 8/05 - 8/09	\$175 \$150 \$175 \$175 \$175 \$175 \$175	Extended Day \$25 Extended Day \$20 (no camp 7/4) Extended Day \$25
7	8/05 - 8/09	\$175	Extended Day \$25

CAMP HAMP (Non-residents add \$10 per session)

1	6/24 - 6/28	\$190	Extended Day \$25
2	7/01 - 7/05	\$170	Extended Day \$20 (no camp 7/4)
3	7/08 - 7/12	\$190	Extended Day \$25
4	7/15 - 7/19	\$190	Extended Day \$25
5	7/22 - 7/26	\$190	Extended Day \$25
6	7/29 - 8/02	\$190	Extended Day \$25
7	8/05 - 8/09	\$190	Extended Day \$25

<u>CURRENT IMMUNIZATIONS AND PHYSICAL RECORDS</u> must accompany this form as required by the *STATE OF MASSACHUSETTS*.

LOOK PARK PASSES are only needed for Camp KidZone and Camp Hamp.

<u>Summer Program Pass</u>: A discounted \$20 Look Park/Northampton Parks & Recreation *Camp KidZone & Camp Hamp ONLY Pass* will be available at Parks & Rec Office only. These passes will be good for entrance into Look Park from 7:45am – 5:15pm, Monday – Friday while you are registered for the program. The pass must be in vehicle and shown to ranger upon entering the park. Regular Look Park season passes are available for \$50 for residents and \$57 for non-residents with discounts for a second pass. For details visit lookpark.org

Program	Total:	
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*Non-Resident Fee Total

Grand Total:

*Non-Residents add \$10 to the fee

per session registered.(Max of \$50 per household).

*Use for Safety Village, Camp KidZone, Camp Hamp & Teen Expeditions only *

Northampton Parks & Recreation - Summer Day Camp Registration Form

PARTICIPANTS INFORMATION - ONLY O	NE PARTICIE	PANT PER I	ORM	
Name:			Age:	Date of Birth:
Sex (circle) M F Grade entering	Fall 2019 :	Scho	ol currer	ntly attending:
Special Health Conditions:				
PARENT/GUARDIAN 1 INFORMATION				
Name:			F	Home Phone:
Street Address:				Cell Phone:
City:	State	Zip:		Work phone:
Email Address:				
PARENT/GUARDIAN 2 INFORMATION				
Name:			F	Home Phone:
Street Address:				Cell Phone:
City:	State	_ Zip:	'	Work phone:
Email Address:				
EMERGENCY CONTACT (Other than pare				
Name:			_Phone N	Number(s):
Name:			_Phone N	Number(s):
TRANSPORTATION In addition to the parents/guardians my individuals. This forms acts as permission				· ·
Name:			_ Relatio	onship:
Name:			_ Relatio	onship:
BIKE OR WALK If you wish for your child to arrive or depart to provide an explanation and identify the alter	-	_	-	
PHOTOGRAPHS May Northampton Parks & Recreation use phand promotional use?yesyes SWIM ABILITY: Can your child swim?ye	no	or your famil	y membe	ers for brochure, website,
STATE OF THE PROPERTY OF THE STATE OF THE ST	es no			

[Children will be tested by Staff, per state regulations, and will be assigned a colored wristband to indicate swim ability]



Emergency Medical Release Form

Participant's Name:							(One C	.niia Per	Form)
In the event that I/we can	not be reached ir	n case of an emer	rgency, I/w	e authori	ize any a	nd all me	dical and	l/or surgi	cal
treatments, which are dee	med advisable b	y emergency phy	sicians and	d or surge	ons for r	my child			
	(p	orint child's name	e). I/we also	o recogniz	ze that th	ne patien	t when a	dmitted i	s to
remain in hospital care un	til his or her phys	sician recommen	ds the pati	ent's disc	harge.				
In the event of an	injury requiring	medical attentio	n, ambular	nce transp	oortatior	າ will be ເ	ısed at th	າe expens	se of
the injured participant's fa	ımily unless pare	ents can be reach	ed and alte	ernate tra	nsportat	ion arran	ged. Nor	thampto	n Parks
& Recreation staff and/or	rented buses wil	l NOT transport a	ın injured o	child.					
I/we hav	e read and unde	erstand the above	·.						
Print Name		Signati	ure				Da	te	
*** *** ***	*** ***	*** ***	***	***	***	***	***	***	***
	E	Epi-Pen Med							
		Only needed	d if child ha	is Epi-Per	1				
I hereby authorize my ch	ild to self-admin	nister, with the a	pproval of	the hea	lth care	consulta	nt:		
	Yes No	Not Applicat	ole						
I hereby authorize an em administer:	ployee that has	received trainin	g in allerg	y awaren	ess and	epineph	rine adm	ninistratio	on to
	Yes No [Not Applicat	ole						
Signature of Parent/Gua	ardian:			D:	ate:				



PARENTAL CONSENT FORM

CITY OF NORTHAMPTON PARKS AND RECREATION RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE FORM

I, the undersigned	do hereby consent to my participation, and/or
my child's	participation in voluntary or recreation programs of the City of
Northampton.	
I also agree to forever release th	ne City of Northampton, and all their employees, agents, board members,
volunteers and any and all indiv	iduals and organizations assisting or participating in any voluntary or
recreation programs of the City	of Northampton ("the Releasees") from any and all claims, rights of action and
causes of action that may have	arisen in the past, or may arise in the future, directly or indirectly, from
personal injuries to myself or pr	operty damage resulting from my participation in the City of Northampton
voluntary activities or recreation	n programs.
I also promise, to indemnify, de	fend, and hold harmless the Releasees against any and all legal claims and
proceedings of any description t	that may have been asserted in the past, or may be asserted in the future,
directly or indirectly, arising from	m personal injuries to myself or property damage resulting from participation
in the City of Northampton volu	ntary activities or recreation programs.
I further affirm that I have read	this Consent and Release Form and that I understand the contents of this
Form. I understand that my part	ticipation is voluntary and that I am free to choose not to participate in said
programs. By signing this Form,	I affirm that I have decided to participate in the City of Northampton as a
volunteer or in its recreation pro	ograms with full knowledge that the Releasees will not be liable to anyone for
personal injuries and property o	lamage that I may suffer in voluntary Activities City of Northampton or
recreation programs.	
	
Participant Signature (or Guardi	an signature if participant is under 18)
	Date:
	Date.

The Parks & Recreation Department policies for health care, discipline and others are available for review. If you would like a copy please call us and we would be happy to send you your request.

Print Name



Participant's Full Name	

CONFIRMATION

When entered into our computer system, you should receive an email confirmation of registration. You will also receive a parent information packet with the receipt. If you do not receive one, please call us at (413)587-1040. They will be available on our webpage also at www.northamptonma.gov/recreation.

PAYMENT/ CHANGE IN REGISTRATION / REFUND POLICY

- A **\$25** non-refundable deposit is included in the camp registration fee for each session registered for. All balances are due <u>June 7, 2019</u>.
- Changes to the initial registration must be made in writing at least one week in advance of the requested change.
- **Refund** requests must be made in writing to the Parks & Recreation Department and must be submitted at least one week prior to the start of the session of the program(s) you are registered for.
 - There is a \$10 service charge for all refunds.
 - Each session has a \$25 non-refundable deposit included in registration fee.
 - There are no refunds once a session begins.
 - Please allow 4-6 weeks for your refund check to be processed.

I have read and understand all the fees and policies associated with this program.

PARENT/GUARDIAN SIGNATURE:							
Total Amount	Due: \$	(see page 1	(see page 1 for sessions & fees) Total Amount Enclosed: \$				
Payable by Check to: Northampton Parks & Recreation							
Charge my:	VISA	Mastercard	Discover	American	Express		
Card # :			Expiration Date				
Name on Card:			Signature	Signature:			
	1	PARENT - REGI	STRATION PAG	CKET CHECKL	IST		
These forms must be submitted before registration is considered complete							
REGISTRATION PACKET (ALL 5 PAGES)							
PAYMENT							
EMERGENECY MEDICAL RELEASE FORM (PAGE 3) SIGNED							
PARENT CONSENT FORM (PAGE 4) SIGNED							
CURRENT IMMUNIZATION AND PHYSICAL RECORDS (Required by State of MA)							
FOR OFFICE USE ONLY							
	Documen	t Checklist	Amt Recd	\$ Date	RT date	staff	
	_ ~	form with Fee					
II		on & Physical Records	Amt Recd	\$ Date	RT date	staff	
	_Consent Wa		Amt Recd	\$ Date	RT date	staff	
		Packet Given	Amt Pood	\$ Date	PT data	ctoff	
	dar Given		Anit Recu .	9 Date	NT date	Staii	
	Sta	ff initials:	Amt Recd	\$ Date	RT date	staff	
NOTE:			Amt Recd	\$ Date	RT date	staff	